RHINOPLASTY/SEPTOPLASTY POST-OP INSTRUCTIONS

AT HOME AFTER NOSE SURGERY:

• It is normal to experience bruising around eyes, soreness, swelling, bleeding, headaches and stiffness following your rhinoplasty operation. These will lessen each day as your healing progresses.
• Swelling and bruising will peak after 2-3 days—this can be lessened with the application of cold compresses.
• You may become congested which may cause difficulty breathing for a few days. Your physician may recommend over the counter saline nasal spray that can help correct this issue.
• For the first 72 hours, sleep with your head in an elevated position, either in a recliner with your head elevated or sleeping on 2-3 pillows. No lifting or bending over.
• You may apply over the counter antibiotic ointment to your incisions with a Q-tip applicator 3 times a day. Apply inside the nostrils in the same manner.
• You will probably have a bloody nasal discharge for 2 to 4 days after your rhinoplasty procedure. Change the gauze pad under your nose as often as needed. Do not rub or blot your nose as this will tend to irritate it. Should brisk bleeding occur, lie down flat with your head slightly elevated. Apply fresh ice compresses to the nose. Call the office if bleeding occurs for longer than 30 minutes.
• To prevent post-operative bleeding, do not sniff or blow your nose for the first 2 weeks after surgery. Try not to sneeze, but if you do, sneeze through your mouth.
• Please ask your physician before you begin taking aspirin or other anti-inflammatory medications, as these can create greater risk for bleeding.

OTHER POST-OPERATIVE INSTRUCTIONS:

• You may shower as soon as you are comfortable, however, if the splint becomes wet, pat dry it gently.
• Your dressings may consist of a splint (which covers the nose after surgery) and will be removed in a few days. If you have internal nasal splints and/or stitches, those will be removed in approximately one week.
• Strenuous activity should be restricted for 2 weeks after rhinoplasty surgery. After 2 weeks, you should slowly increase your activities back to normal by the end of the third week.
• Avoid pressure of physical contact to the nose/contact sports for 6-8 weeks.
• Returning to work will vary depending on the job type. Generally you will be able to return to work approximately one week after your surgery. You may discuss this issue with your physician at the time of your post-op visit.
GENERAL INFORMATION:

• After your cast is removed, the nose will appear better but swollen. You will not see the final result right away. Much of the swelling will subside rapidly over the next few days to weeks. However, it usually takes upwards of one year for the last 5 percent of the swelling to disappear.
• The inside of the nose will also be swollen. This will result in difficulty breathing which will progressively improve with time.
• The tip of the nose will feel numb and occasionally the front teeth will feel "funny". These feelings will gradually disappear.

WHEN TO CALL (616) 459-4131:
• Fever of 100.5 or greater
• Persistent vomiting
• Unusual redness, swelling, bleeding or increased pain
• Develop hives, diarrhea or other reactions to medicine
• Any other questions or concerns

Please remember that for the vast majority of patients the goal is significant improvement, not perfection. Please contact the office at (616) 459-4131 should you have any questions or concerns.

POST-OP APPOINTMENT:_____________________________________________________

PRESCRIBED MEDICATION(S):
Please take Narcotic/OTC medication as directed and as needed. DO NOT drive or operate machinery if you are taking a narcotic. If you are prescribed antibiotics, take as directed until gone. Taking an incomplete course can lead to recurrence of infection. Please take antibiotics with food as this may cause upset stomach. Please ask physician before you begin taking aspirin, motrin/ibuprofen or other anti-inflammatory medications, as these can increase risk of bleeding.

**IF NAUSEATED, TRY NON-ACIDIC LIQUIDS, DRY TOAST OR OTHER BLAND FOODS**

Patient Signature:_________________________ Date:________________

Hospital Staff Signature:_________________________ Date:________________

Physician Signature:_________________________ Date:________________